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Initial Difficulty of Care (DOC) Assessment Notice

LANG_BLOCK

09/29/2004

Foster Care Provider / Licensing Agency
Address
City State Zip

Re: Child Name

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Dear Foster Care Provider / Licensing Agency:

The agency completed the difficulty of care (DOC) assessment for Child Name on DATE OF INITIAL DOC ASSESSMENT. Child Name was assigned a DOC rating of NUMBER OF POINTS points that corresponds to \$DOLLAR VALUE per day.

The reason for this rating is REASON FOR RATING. This rating was determined (LIST METHOD USED TO DETERMINE RATING) (AS SHOWN IN THE ATTACHED COPY OF THE DOC ASSESSMENT INSTRUMENT). The legal authority for this rating is based on Minnesota Statute, Section 256.82, subdivisions 3 and 4.

According to Minnesota Rules 9560.0650, Subpart 6, "The agency shall reassess a child":

- A. At the end of 12 months;
- B. At the request of a foster parent;
- C. When a child is placed in a different facility; or
- D. If a child's level of need changes.

To seek a reassessment, please contact Contacting Worker Name at [Contacting Worker Name].

If you seek reassessment and disagree with the reassessed DOC rating, you will have the right to seek a fair hearing review of the reassessment from the Minnesota Department of Human Services.

Sincerely,

[Worker Name]

This information is available in other forms to people with disabilities by contacting us at (651) 282-5329 (voice). TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.